



CITY OF FAIRMONT
Request for Designated On-Street
Residential Accessible Parking

Section 1: To be completed by APPLICANT:

Applicants Name: _____

Address: _____

Telephone Number: _____

Drivers License Number: _____

Location of Space Requested: _____

Comments: _____

Signature: _____

The completed application, along with a copy of the applicant's State Disabled Persons Registration Card and Placard should be returned to:

City of Fairmont, Attn: Public Works Director, P.O. Box 1428, Fairmont, WV, 26555-1428

Section 2: To be completed by PUBLIC WORKS DEPT.

Application/site review to include ADA Coordinator requested?: Yes _____ No _____ Date: _____

Comments/recommendation from ADA Coordinator: _____

Application and site reviewed by Public Works Dept. (sign): _____ Date: _____

Comments/recommendation from Public Works Dept. (report of findings to be attached): _____

Application/site review by Parking Authority requested?: Yes _____ No _____

Section 3: To be completed by PARKING AUTHORITY

Application and site reviewed by Parking Authority: Yes _____ No _____ Date: _____

Comments/recommendation from Parking Authority: _____

Signature of Parking Authority Representative: _____ Date: _____

Section 4: To be completed by CITY MANAGER

The decision of the City Manager and/or the Public Works Director is to _____ **Approve** _____ **Deny** this request.

Comments: _____

Signature: _____

Date: _____